



**ARKANSAS  
STATE BOARD OF REGISTRATION  
FOR PROFESSIONAL ENGINEERS**

**P.O. BOX 3750  
LITTLE ROCK, ARKANSAS 72203-3750  
www.arkansas.gov/pels  
Phone (501) 682-2824  
Fax (501) 682-2827**

Office of Registrar: \_\_\_\_\_ (College Name)

Applicant's First, Middle & Last Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_

Dear Sir or Madam:

The above named individual has filed an application for registration with this Board. In regard to his/her education, he/she states as follows:

List Types of Degrees and Date Received:

\_\_\_\_\_  
\_\_\_\_\_

**ONLY** a registrar may complete this form.

*Registrar Completes: place college seal here*

**Correct:** \_\_\_\_\_

**Incorrect:** \_\_\_\_\_

Registrar's name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date: \_\_\_\_\_

Please check your records and advise this Board as to the accuracy of that portion of his/her educational record which pertains to your school. Your cooperation in this matter will be sincerely appreciated.

Yours very truly,  
Executive Director  
ARKANSAS STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS  
AND LAND SURVEYORS

NOTE: Applicant should complete top portion and forward to college with stamped envelope addressed to Arkansas Board, P.O. Box 3750, Little Rock, AR 72203-3750.